

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000075284 (8)**  
 1. Corporation Name  
**GH PARTNERSHIP HOLDINGS MLD, INC.**



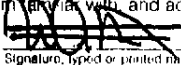
Principal Place of Business <b>3627 UNIVERSITY BLVD. SOUTH STE. 840 JACKSONVILLE FL 32216</b>	Mailing Address <del>3627 UNIVERSITY BLVD. SOUTH STE. 840 JACKSONVILLE FL 32216</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>Suite 430</b>		26 <b>3715 Northside Pkwy NW</b>		11/01/1993	
22 City & State		27 City & State		4. FEI Number	
23 <b>Atlanta, GA</b>		28 <b>Atlanta, GA</b>		59-3232803	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 <b>USA</b>		30 <b>USA</b>		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GEIGER, ALLAN T 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE FL 32207</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, J B MD		1.2 NAME	McClain, III, William A.	
STREET ADDRESS	3627 UNIVERSITY DRIVE SOUTH ST. 840		1.3 STREET ADDRESS	3715 Northside Pky, Ste 105, Bldg 300	
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAER, DOUGLAS M.		2.2 NAME	McClain, IV, William A.	
STREET ADDRESS	3627 UNIVERSITY DRIVE SOUTH ST. 840		2.3 STREET ADDRESS	3715 Northside Pky, Ste 105, Bldg 300	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	DSTV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSCHMIDT, TIMOTHY W.		3.2 NAME		
STREET ADDRESS	3627 UNIVERSITY BLVD. S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	100002444971	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	-03/03/98--01020--028	
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  *3/1/98 (1998-244-2071)*

CR2E034 (10/97)